



The Commonwealth of Massachusetts
Department of Public Safety

One Ashburton Place, Room 1301

Boston, Massachusetts 02108-1618

Phone (617) 727-3200

Fax (617) 727-5732

DIVISION OF INSPECTION

Application for annual license to operate a carriage horse business.
In accordance with the provisions of M.G.L. c.22, § 20 of the General Laws.
Application is submitted for approval.

April 1, 20_____ to March 31, 20_____

RETURN THIS APPLICATION WITH CHECK PAYABLE TO:

Department of Public Safety, One Ashburton Place, Room 1301, Boston, MA 02108-1618

NON-REFUNDABLE APPLICATION FEE _____ **\$25.00** _____
CARRIAGE INSPECTION FEE _____ **\$50.00 EACH** _____
HORSES LICENSED AT _____ **\$50.00 EACH** _____

(Please type or print)

1. Applicant's Full Name: _____
(If Corporation its duly authorized agent)
2. Home Address: _____ Tel. Number: _____
3. Business Name: _____
4. Business Address: _____ Tel. Number: _____

5. City (s) and Town (s) where business will operate if different from business address:

Carriage Information (list)

	Manufacturer	Model	Color	Passenger Capacity	Year built	Picture Submitted	License Plate (number Dept. issued)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

HORSE INFORMATION (LIST)

	Horse's Name	Identification Number	Health Certificate Enclosed
1			
2			
3			
4			
5			
6			
7			
8			
9			

(if additional horses, attach separate sheet)

DRIVER'S INFORMATION (LIST)

	DRIVER'S NAME	CERTIFICATE NUMBER		DRIVER'S NAME	CERTIFICATE NUMBER
1			6		
2			7		
3			8		
4			9		
5			10		

Has proof of insurance in accordance with 520 CMR 13.03:(4) submitted with application: _____

Has local authority approved carriage horse route(s) and designated curb space(s) in accordance to CMR 13.03:(11) and 13.08:(2)? _____

Local Police Chief: _____
Approved signature
Disapproved signature

City or town of: _____

Signature of applicant or agent: _____

Business address of applicant or agent: _____
name

no

street

city

state

zip code

telephone number

(DO NOT WRITE BELOW THIS LINE)

Carriage Horse operation inspected by: _____
Date
result
License Number / issue date

Deficiencies, changes, or repairs ordered: _____

_____ **Days to comply:** _____

Name and Title of person to whom requirements were explained: _____

Inspector's Signature: _____
Approved
Disapproved
Commissioner's Signature: _____